TRICARE Active Duty Dental Program (ADDP) for Remote Care

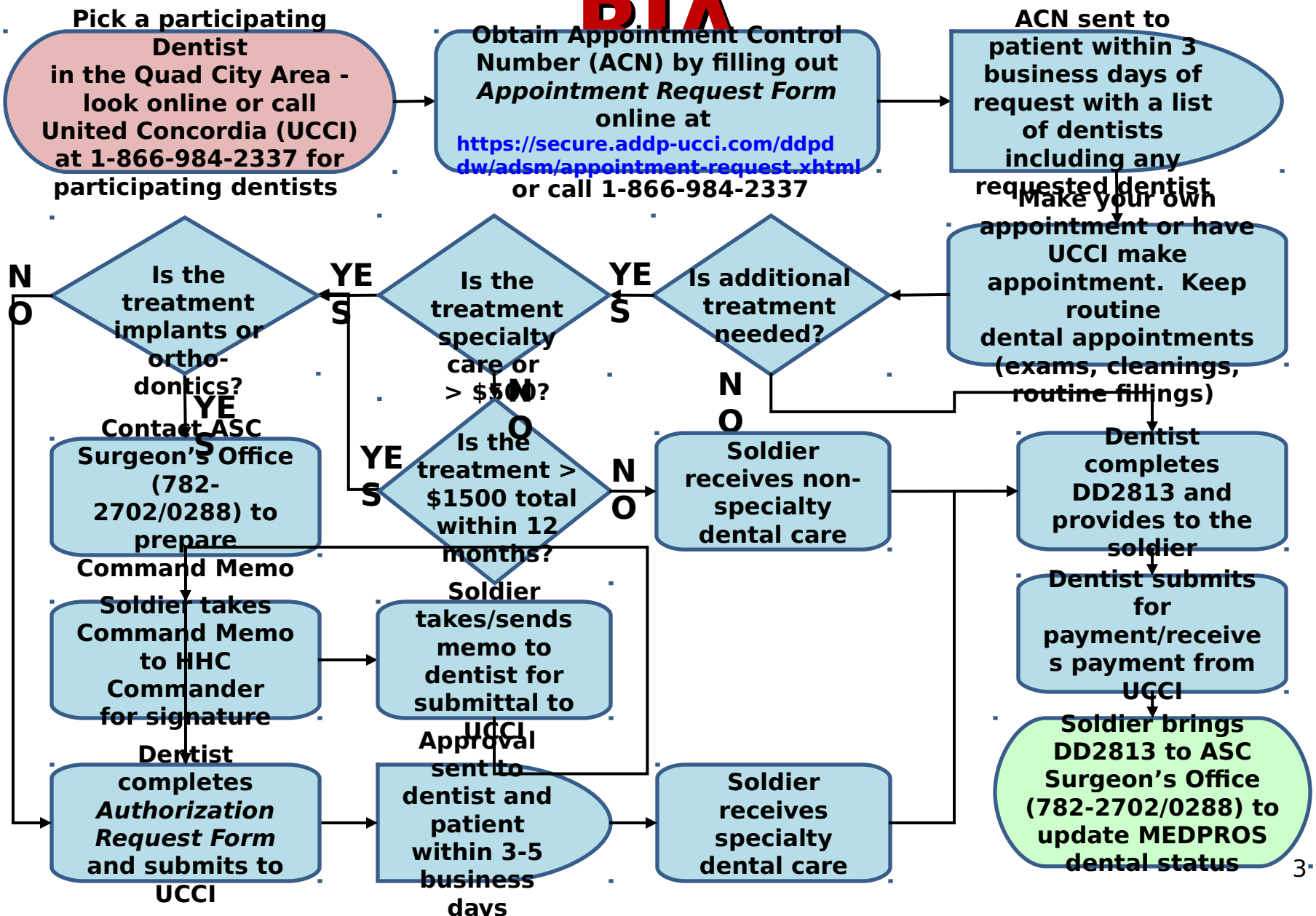
Effective 1 August 2009

Contact ASC Surgeon's Office with questions at 782-2702 or 782-0288

Dental Contractor Change

- The Military Medical Support Office (MMSO) will cease all dental operations effective 31 July 2009.
- Effective **1 August 2009** United Concordia Companies, Inc. (UCCI) will administer the new TRICARE Active Duty Dental Program (ADDP).
- This affects all Active Duty Service Members (ADSM) in remote locations > 50 miles from dental treatment facility to include RIA.
- The following slides contain the process to obtain appointments and dental care and other relevant information.
- The **two major process changes** between MMSO and UCCI are:
  - You must obtain an **Appointment Control Number (ACN)** from UCCI before your semiannual dental checkup and cleaning.
  - A **Command Memorandum** is only needed for implant and orthodontic services.

Dental Care Process at RIA

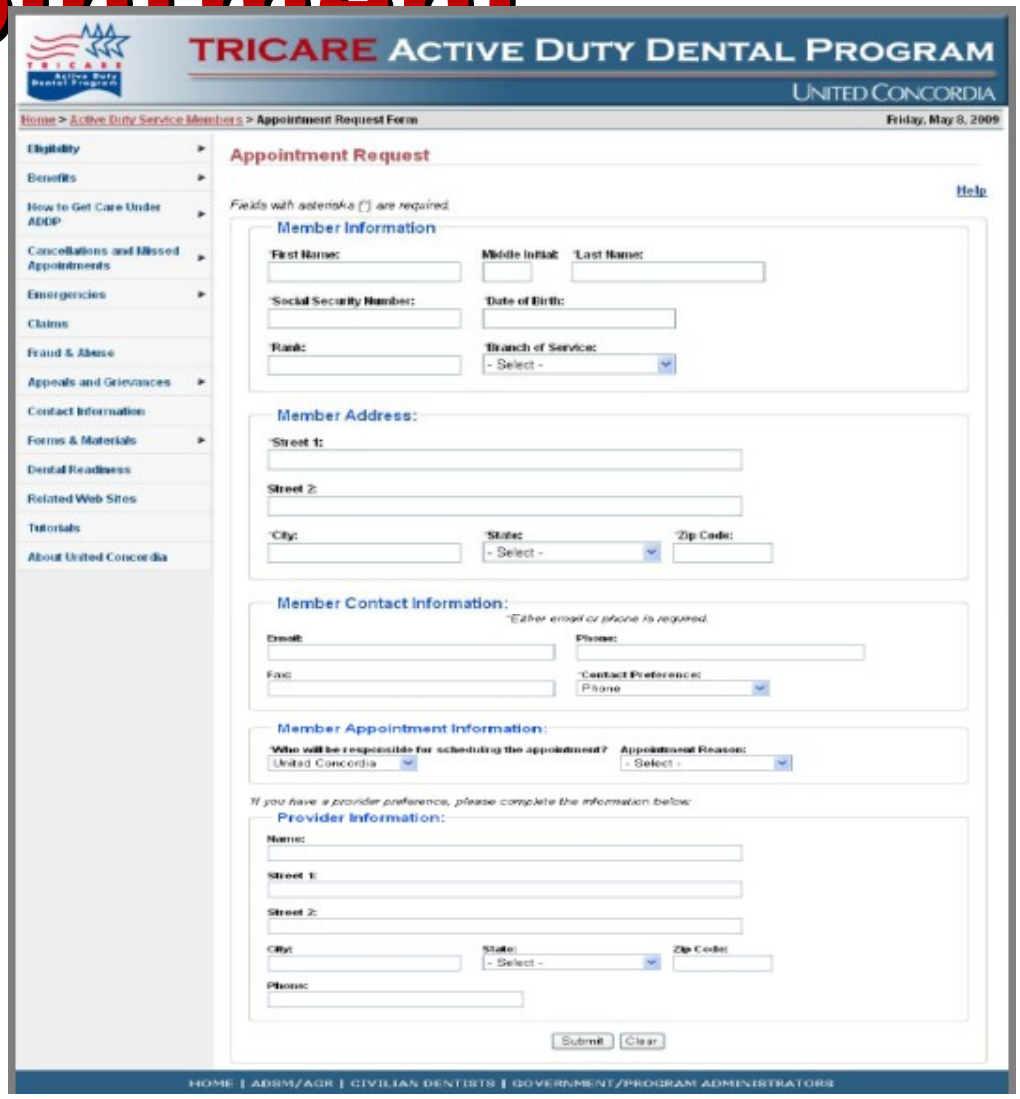


Scheduling an Appointment

- Remote ADSMs may personally coordinate their **routine** (non-specialty dental care such as examinations, cleanings, fillings) covered dental services as long as:
  - The dental treatment is **less than $500** per procedure or appointment.
  - The cumulative total is less than $1,500 for treatment plans completed within a consecutive 12-month period.
- To coordinate your routine dental care, you must get an **Appointment Control Number (ACN)** by completing an online ***Appointment Request Form*.**
  - The **ACN** is provided by United Concordia within 3 days of request.
  - It **must** be obtained prior to receipt of all dental care. This includes initial, annual, and continuation of dental care received 1 Aug 2009 or after.

Scheduling an Appointment

- The ***Appointment Request Form*** provides two options for appointment scheduling. The “Who will be responsible for scheduling the appointment?” field allows you to note whether you (ADSM) or United Concordia will make the appointment.
- The form can be filled out at the UCCI website. **Please complete the Appointment Request Form in its entirety.**



Scheduling an Appointment

UCCI Makes Appointment

- United Concordia's Dental Care Finders can make the appointment for you if you select the ***United Concordia*** option in the "Who will be responsible for scheduling the appointment" field on the form.
- You enter the name and information of the dentist you would like to utilize or leave that area blank.
- United Concordia will then coordinate the appointment with you and a network dentist **within two business days** of the request.

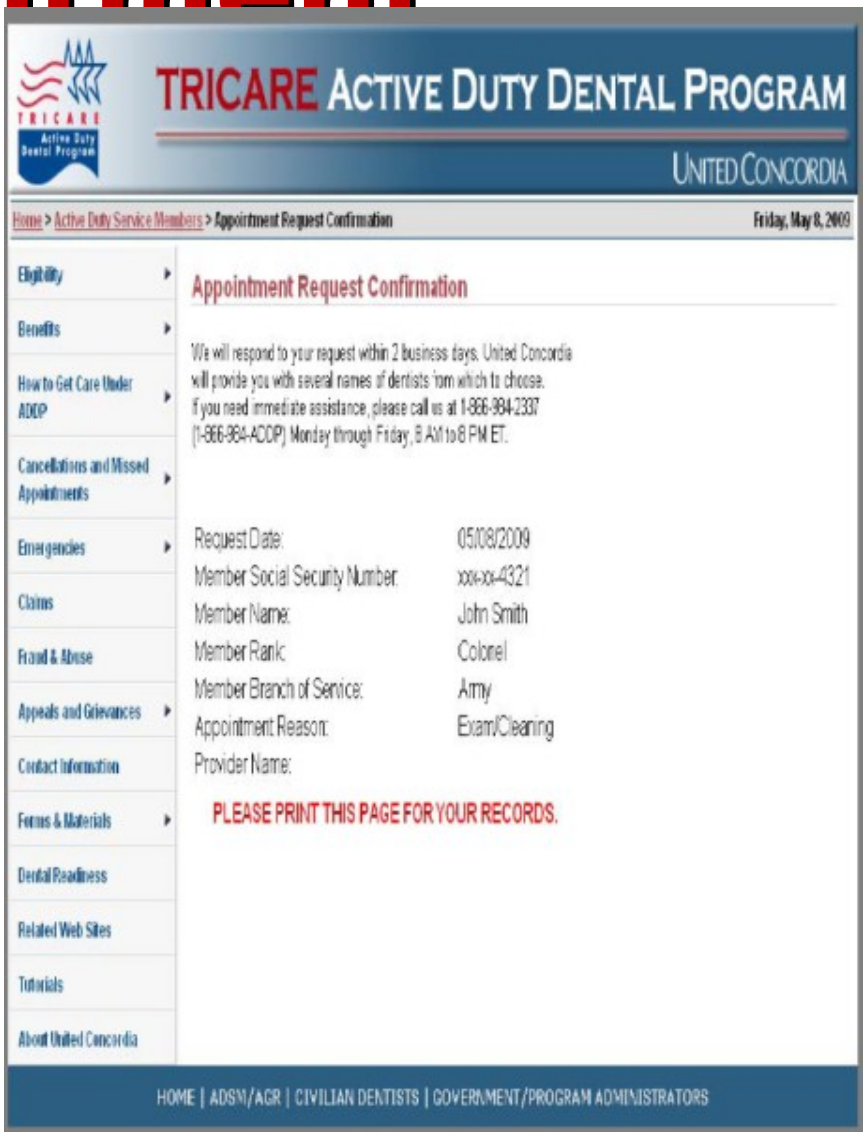
Make Your Own Appointment

- You can personally make an appointment with a United Concordia network dentist by selecting the ***ADSM*** option in the "Who will be responsible for scheduling the appointment" field on the form.
- You enter the name and contact information of the dentist you would like to utilize or leave that area blank.
- United Concordia will then provide you with the **ACN** and a list of three dentists, to include any that you requested, **within three business days** of form submission.

If you'd like to make an appointment immediately, call United Concordia at 1-866-984-ADDP (2337) upon form submission.

Scheduling an Appointment

- Upon submission, you will receive an **Appointment Request Confirmation** page which you should print for your records.
- Within 3 business days you will receive the **ACN**.
- You can then make your dental appointment or UCCI will make one for you depending upon what you chose.



Emergency Dental Care

- Emergency dental care does not require an authorization or an **ACN**.
- Emergency dental care includes any treatment necessary to relieve pain, treat infection, or control bleeding. Root canal treatment may be needed to relieve pain and infection, and is considered emergency dental care.
- Crowns, bridges, and denture services are not considered emergency dental care and, therefore, are not covered. As such, ADSMs who elect to receive non-covered services as part of an episode of emergency dental care are responsible for payment of these services.
- It is recommended that you use a United Concordia network dentist for emergency dental care. Although this is not required, any follow-up care with a non-network dentist will not be authorized and you will be responsible for payment.

Specialty and Other Dental Care

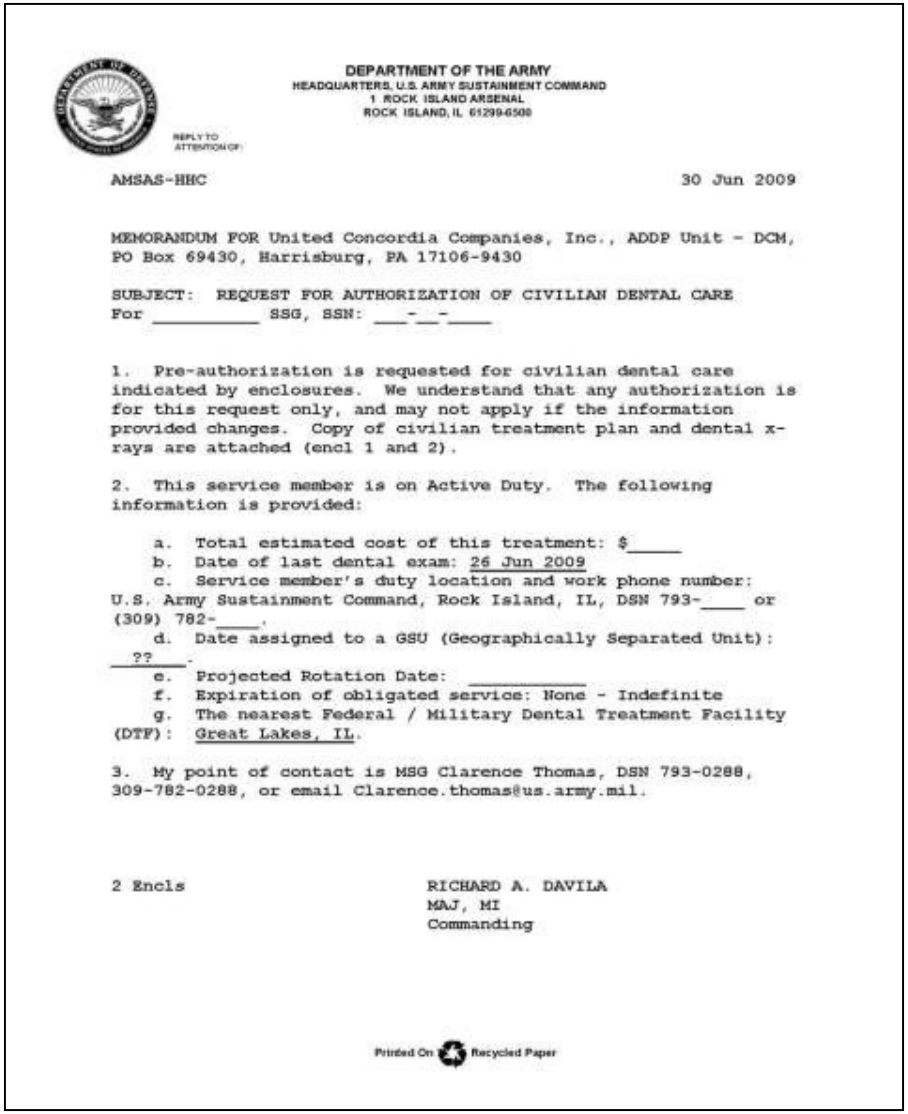
- You must receive **authorization** prior to receipt of the following services:
  - Specialty dental care (e.g. crowns, bridges, dentures, root canals, periodontal treatment).
  - Dental care in excess of $500 per procedure or appointment.
  - Dental care with a cumulative total greater than $1,500 for treatment plans completed within a consecutive 12-month period.
  - Dental care from a non-network dentist.

Specialty Dental Care

To receive authorization for specialty dental care:

- Your civilian dentist must complete an ***Authorization Request Form*** indicating the desired services. This form is available on the ADDP Web site in the **Civilian Dentists** portal for electronic completion and submission **by the dentist**.
- Upon authorization approval, the ADSM and civilian dentist will be notified **within 3-5 business days** and an appointment can be scheduled to initiate care.

Command Memorandum



DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY SUSTAINMENT COMMAND
1 ROCK ISLAND ARSENAL
ROCK ISLAND, IL 61299-6500

REPLY TO ATTENTION OF:

AMSAS-HHC 30 Jun 2009

MEMORANDUM FOR United Concordia Companies, Inc., ADDP Unit - DCM, PO Box 69430, Harrisburg, PA 17106-9430

SUBJECT: REQUEST FOR AUTHORIZATION OF CIVILIAN DENTAL CARE
For _____ SSG, SSN: ___-__-____

1. Pre-authorization is requested for civilian dental care indicated by enclosures. We understand that any authorization is for this request only, and may not apply if the information provided changes. Copy of civilian treatment plan and dental x-rays are attached (encl 1 and 2).

2. This service member is on Active Duty. The following information is provided:

a. Total estimated cost of this treatment: $_____
b. Date of last dental exam: 26 Jun 2009
c. Service member's duty location and work phone number: U.S. Army Sustainment Command, Rock Island, IL, DSN 793-____ or (309) 782-____.
d. Date assigned to a GSU (Geographically Separated Unit): ____??____.
e. Projected Rotation Date: _____
f. Expiration of obligated service: None - Indefinite
g. The nearest Federal / Military Dental Treatment Facility (DTF): Great Lakes, IL.

3. My point of contact is MSG Clarence Thomas, DSN 793-0288, 309-782-0288, or email Clarence.thomas@us.army.mil.

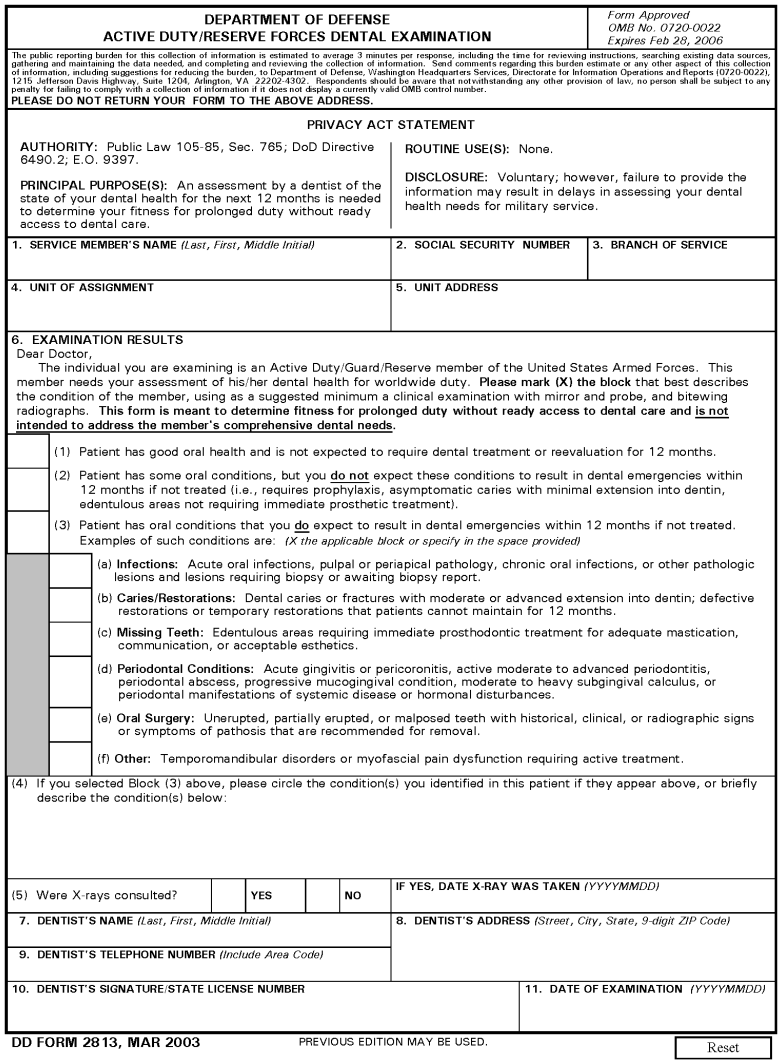
2 Encls

RICHARD A. DAVILA
MAJ, MI
Commanding

Printed On Recycled Paper

- For **implant** and **orthodontic** specialty services, you will also need a Command Memorandum signed by the HHC commander.
- Contact the ASC Surgeon's Office (782-2702/0288) to prepare Command Memorandum.
- This must be submitted to United Concordia by the civilian dentist upon completion of the Authorization Request Form. Although this can not be submitted online, it can be emailed to United Concordia at addpdcf@ucci.com or faxed to (866) 308-4138.

Update Dental Status



DEPARTMENT OF DEFENSE
ACTIVE DUTY/RESERVE FORCES DENTAL EXAMINATION

Form Approved
OMB No. 0720-0022
Expires Feb 28, 2006

The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0720-0022), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 105-85, Sec. 765; DoD Directive 6490.2; E.O. 9397.

PRINCIPAL PURPOSE(S): An assessment by a dentist of the state of your dental health for the next 12 months is needed to determine your fitness for prolonged duty without ready access to dental care.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the information may result in delays in assessing your dental health needs for military service.

1. SERVICE MEMBER'S NAME *(Last, First, Middle Initial)* | 2. SOCIAL SECURITY NUMBER | 3. BRANCH OF SERVICE

4. UNIT OF ASSIGNMENT | 5. UNIT ADDRESS

6. EXAMINATION RESULTS

Dear Doctor,

The individual you are examining is an Active Duty/Guard/Reserve member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. **Please mark (X) the block** that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. **This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the member's comprehensive dental needs.**

( ) (1) Patient has good oral health and is not expected to require dental treatment or reevaluation for 12 months.

( ) (2) Patient has some oral conditions, but you **do not** expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment).

( ) (3) Patient has oral conditions that you **do** expect to result in dental emergencies within 12 months if not treated. Examples of such conditions are: *(X the applicable block or specify in the space provided)*

- ( ) (a) **Infections:** Acute oral infections, pulpal or periapical pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report.
- ( ) (b) **Caries/Restorations:** Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months.
- ( ) (c) **Missing Teeth:** Edentulous areas requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.
- ( ) (d) **Periodontal Conditions:** Acute gingivitis or pericoronitis, active moderate to advanced periodontitis, periodontal abscess, progressive mucogingival condition, moderate to heavy subgingival calculus, or periodontal manifestations of systemic disease or hormonal disturbances.
- ( ) (e) **Oral Surgery:** Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.
- ( ) (f) **Other:** Temporomandibular disorders or myofascial pain dysfunction requiring active treatment.

(4) If you selected Block (3) above, please circle the condition(s) you identified in this patient if they appear above, or briefly describe the condition(s) below:

(5) Were X-rays consulted? ( ) YES ( ) NO | IF YES, DATE X-RAY WAS TAKEN *(YYYYMMDD)*

7. DENTIST'S NAME *(Last, First, Middle Initial)* | 8. DENTIST'S ADDRESS *(Street, City, State, 9-digit ZIP Code)*

9. DENTIST'S TELEPHONE NUMBER *(Include Area Code)*

10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER | 11. DATE OF EXAMINATION *(YYYYMMDD)*

DD FORM 2813, MAR 2003 PREVIOUS EDITION MAY BE USED. Reset

- As before, the dentist **must** fill out the DD Form 2813 for you. Please return this to the ASC Surgeon's Office.
- Your dental status in MEDPROS will then be updated.

Links

- **TRICARE Active Duty Dental Program**
  United Concordia's website
- **Appointment Request Form**
  (for Soldier to fill out and submit to get an appointment)
- **ADDP Remote Brochure**
- **DD Form 2813**